

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child/youth? Yes No

If yes, please explain:

Do you have a history of any contagious disease, health issue or emotional illness that would currently place students or other workers or you at risk? Yes No

If yes, please explain:

Are you aware of any traits or tendencies you possess that could pose any threat to children, youth, or adults with disabilities? Yes No

If yes, please explain:

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above?

Yes No

If yes, please explain:

If there has been alcohol abuse, drug abuse, physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues may create for you, both now and in the future?

Is there any circumstance or pattern in your life that would make it inappropriate for you to serve with students, or would compromise the integrity of Woodlands Church? Yes No

If yes, please explain:

Employment History:

Present Employer: _____ Supervisor: _____

Position(s) held: _____ Full-Time Part-Time

Employment dates: Starting: ____ / ____ / ____

I recognize that Woodlands Church is relying on the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I agree to abide by all policies and procedures of Woodlands Church, and to protect the health and safety of the children/youth at all times.

Printed Name: _____

Signature: _____ Date: _____

Woodlands Church
Personal References

Please select people who have observed you working with the public. We prefer *relatives and Woodlands ministry staff members* not be used as references.

1. Small Group or Ministry Leader

Name: _____ Nature of Association: _____

Occupation: _____ Length of Time Known: _____

Address (include city, state & zip): _____

Email Address (if applicable): _____

Home Phone: (____) _____ Work Phone: (____) _____

2. Employer, Work-Related Acquaintance, Former Teacher or Ministry Co-Worker

Name: _____ Nature of Association: _____

Occupation: _____ Length of Time Known: _____

Address (include city, state & zip): _____

Email Address (if applicable): _____

Home Phone: (____) _____ Work Phone: (____) _____

3. Social Friend or Neighbor

Name: _____ Nature of Association: _____

Occupation: _____ Length of Time Known: _____

Address (include city, state & zip): _____

Email Address (if applicable): _____

Home Phone: (____) _____ Work Phone: (____) _____

Woodlands Church
Release of Background Information

Volunteer Authorization for Release of Background Information

In connection with my application for volunteer service with **WOODLANDS CHURCH**, I authorize **WOODLANDS CHURCH** and, or its agent, to solicit background information relative to my criminal record history. I understand that **WOODLANDS CHURCH** may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer, motor vehicle records or a driving history may be obtained.

I authorize without any reservation, any person, agency, or other entity contacted by WOODLANDS CHURCH or its agent, for purposes of obtaining background report information, to furnish the above-mentioned information.

I release **WOODLANDS CHURCH**, their respective employees or its agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: 423298

PLEASE PRINT INFORMATION BELOW

FULL LEGAL NAME _____ DOB _____

OTHER NAMES USED _____ SS _____

DRIVERS LIC # _____ STATE ISSUED _____

Please note: if your address is a rural route, or post office box, we must have City & County mail was delivered

Current
Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

Previous
Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

Previous
Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

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How long at this address? (Months/Years) _____

SIGNATURE _____ **DATE** _____